# Petition Inpatient Hospice – 1 Received Regarding Proposed 2008 State Medical Facilities Plan

Petition from Hospice and Palliative Care Cleveland County. (note: included with the letters of support submitted with the petition are comments from the Charlotte public hearing.)

#### PETITION

## Petition for a Special Need Adjustment to the Hospice Inpatient Bed Need Methodology

#### Petitioner:

Hospice & Palliative Care Cleveland County 951 Wendover Heights Drive Shelby, NC 28150

Myra McGinnis, Executive Director (704) 487-4677

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AUG 0 1 2007

Medical Facilities
Planning Section

### Requested Change:

Hospice & Palliative Care Cleveland County requests an adjusted need determination for four hospice inpatient beds in Cleveland County.

### Reasons for Requested Change:

Hospice & Palliative Care Cleveland County owns and operates Wendover—*The Kathleen Dover Hamrick Hospice House*, a combined inpatient and residential hospice facility with five inpatient beds and nine residential beds. According to Table 13C in the Proposed 2008 State Medical Facilities Plan (SMFP), Hospice & Palliative Care Cleveland County's five inpatient beds were the third most utilized hospice inpatient beds in North Carolina, operating at 99.9 percent occupancy in FY 2006. The Proposed 2008 SMFP also indicates a projected need for a total of nine hospice inpatient beds in Cleveland County, leaving a deficit of four beds.

Under the current methodology, there is no mechanism for allocating additional hospice inpatient beds in Cleveland County until a deficit of six beds is reached. Hospice & Palliative Care Cleveland County is requesting an adjustment to the standard need methodology to allocate the four additional inpatient hospice beds that are identified as needed in the Proposed 2008 SMFP.

Without the proposed adjustment, Hospice & Palliative Care Cleveland County will be forced to:

- 1) Continue to operate at or near 100 percent occupancy,
- 2) Deny admission to our facility to patients in need of our specialized services due to the lack of available beds,
- 3) Require patients to remain on a waiting list for admission to the facility, creating additional stress and potentially negatively impacting their health care and quality of life.

As noted previously in the petition, Hospice & Palliative Care Cleveland County's existing five inpatient beds operated at almost 100 percent occupancy in 2006. For 2007 year-to-date, the occupancy for these beds equals 100 percent. Occupancy exceeded 100 percent in 2005 and exceeded 97 percent in 2004.

During 2006, a total of 58 patients were on the waiting list for admission, but were never admitted because no bed was available. All of these patients died somewhere other than our hospice inpatient facility. The number of patients not able to be served through June 2007 has already reached 32. A random sampling of days throughout the year in 2006 and year-to-date in 2007 indicates that on any given day, an average of six patients were on the waiting list for admission to the facility. The addition of four inpatient beds would significantly reduce the number of patients on the waiting list and the number denied admission to the facility.

As noted in the letters of support attached to this petition, hospice inpatient care is an important component in the continuum of care in Cleveland County. Hospice & Palliative Care Cleveland County, along with Cleveland Regional Medical Center, Cleveland Home Health Agency, Cleveland Pines Nursing Center, CLECO Primary Care Network, Kings Mountain Hospital, and Crawley Memorial Hospital, are members of the HealthCare Enterprise. The strategy of the HealthCare Enterprise includes assuring that community health care resources are used with maximum stewardship, that duplication of health care effort is minimized, that missing components of the health care service continuum are identified and targeted, and that the health delivery continuum is as seamless and accessible as possible. Each of these providers is strongly committed to honoring the continuum of care and referring patients to the most appropriate level of care available in our community. This cooperative spirit among the providers has led, in part, to the success of our hospice inpatient facility and its recognition as the standard for end-of-life care in Cleveland County. As such, we strongly believe there is no other appropriate alternative to meet the needs of such patients other than to add more hospice inpatient beds.

While we agree that six beds may be a reasonable threshold for the establishment of a new hospice inpatient facility, we believe it is unreasonable to force an existing provider, operating at near 100 percent capacity and turning away patients, to wait until a deficit of six beds is established before allocating additional beds that are so clearly needed. We would also note that our existing inpatient facility has been a feasible and financially viable operation for over ten years and our organization has over 20 years of service within our county.

For these reasons, we are respectfully requesting an adjusted need determination for four additional hospice inpatient beds in Cleveland County.



PRIMARY CARE
N E T W O R K

July 24, 2007

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AUG 0 1 2007

Medical Facilities Planning Section

Dr. Dan Myers, Chairperson North Carolina State Health Coordinating Council Medical Facilities Planning Section Division of Facility Services 2717 Mail Service Center Raleigh, NC 27699-2714

Dear Dr. Dan Myers,

I am writing to you in support for Certificate of Need for Hospice & Palliative Care of Cleveland County. Hospice of Cleveland County is wonderful and I do not know what the county would do without Hospice. They have been in business since 1985 and still growing because the need is so great here. When you have a loved one that is terminal it means so much to have Hospice of Cleveland County. The patients and families have a place to go and be together as well as getting great care and feel they are loved and being cared for. Sometimes they must turn patients away due to the bed situation. They serve all surrounding hospitals and nursing homes in the Cleveland County and take patients regardless of the ability to pay. The need is so great and we would really appreciate all you could do to help Hospice of Cleveland County and the citizens of Cleveland County with the Certificate of Need for more beds.

Thank you very much,

Wendy Gunter
Operations Manager

CLECO Primary Care Network

## CMG-FAMILY MEDICINE OF CLEVELAND COUNTY 807-3 Schenck Street, Shelby, NC 28150 Phone: (704) 480-0222, Fax: (704) 480-6007

Lynda Lachance, MD

Brad Gardner, C-NP

July 24, 2007

Dr. Dan A. Myers, Chairperson
North Carolina State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

DFS HEALTH PLANNING RECEIVED

AUG 0 1 2007

Dear Dr. Myers:

Medical Facilities Planning Section

This letter is to express our support for the expansion of our current Hospice and Palliative care facility in Cleveland County.

I have had the privilege to serve on the board of Hospice & Palliative Care Cleveland County and know how well run and how appreciated this service is in our community and surrounding counties.

This organization has been providing end of life services in Cleveland County since 1985 and has provided inpatient services since 1996 at Wendover.

Wendover underwent a needed expansion in 2004 increasing its capacity for inpatient care to 5 beds and residential beds to 9. However even with this great addition, the demand for inpatient care is not met and every day deserving patients and their exhausted families are turned away.

In 2006- the waiting list for a bed averaged six patients a day and 58 patients were turned away during that year. So far as of June 2007, Hospice turned away 32 patients.

The greatest asset to Hospice is their wonderful team approach creating an intimate collaboration with most institutions in Cleveland county including: Cleveland Regional Medical Center, Kings Mountain Hospital, several nursing homes, Cleveland Home Health Agency and physicians' offices.

Hospice & Palliative Care Cleveland County serves all patients without regard to referral source or their financial status.

We would therefore welcome the addition of at least four more beds to the Wendover facility to better serve Cleveland County.

Sincerely.

Lynda Lachance, MD



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Planning Section

AUG 0 1 2007

Medical Facilities

July 24, 2007
Dr. Dan A. Myers, Chairperson
NC State Health Coordinating Council
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699-2714

To Whom It May Concern:

Hospice & Palliative Care Cleveland County has been offering end of life services in Cleveland County since 1985 and has provided hospice inpatient services since 1996 at Wendover – The Kathleen Dover Hamrick Hospice House; we currently have five inpatient beds and nine residential beds;

Hospice & Palliative Care is a partner in the HealthCare Enterprise, a unique collaboration which also includes Cleveland Regional Medical Center, Kings Mountain Hospital, Crawley Memorial Hospital, Cleveland Pines Nursing Center, Cleveland Home Health Agency and the CLECO Primary Care Network, This group works together in assure patients needing health services are seen at the appropriate place along the continuum of care;

Our current waiting list on any given day averages about six patients, more than enough to fill all four beds the SMFP says will be needed for Cleveland County in 2008;

Hospice & Palliative Care expanded Wendover in 2004 due to high occupancy levels and the fact that many potential patients were on a waiting list for Wendover at the time they died;

Through June of 2007, we have had to turn away, and have been unable to service at Wendover, some 32 patients and we project by year end this will reach well over 60 patients;

In 2006, our waiting list averaged about six patients a day and we turned away 58 patients;

We currently provide services to approximately 40% of all people who die in Cleveland County and are well respected by area providers and the community at large and Hospice & Palliative Care Cleveland County serves all patients without regard to financial or any other status.

Sincerely,

Charlotte Young, NHA

Cleveland Pines Nursing Center

Joint Commission on Accreditation of Healthcare Organizations



## Kings Mountain Hospital

Carolinas HealthCare System

July 31, 2007

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AUG 0 1 2007

Medical Facilities Planning Section

Dr. Dan A. Myers, Chairman North Carolina State Health Coordinating Council Medical Facilities Planning Section Division of Facility Services 2714 Mail Service Center Raleigh, NC 27699-2714

Dear Dr. Myers:

I am writing this letter in support of Hospice & Palliative Care Cleveland County's request to add four hospice inpatient beds in Cleveland County.

Hospice & Palliative Care Cleveland County owns and operates Wendover—The Kathleen Dover Hamrick Hospice House, which currently has five inpatient beds and nine residential beds. Occupancy at Wendover consistently approaches or exceeds 100 percent. In addition, Wendover maintains a waiting list and many patients are denied admission as a result of the limited number of beds.

Kings Mountain Hospital works closely with Hospice & Palliative Care Cleveland County through the Cleveland County HealthCare Enterprise, a unique collaboration that also includes Cleveland Regional Medical Center, Cleveland Home Health Agency, CLECO, Cleveland Pines Nursing Center, and Crawley Memorial Hospital. We work together to assure that patients receive appropriate services along the healthcare continuum.

Hospice & Palliative Care is highly respected within our community and is recognized as the primary provider of end of life care. The addition of four hospice inpatient beds will assist them in meeting the needs of patients throughout our community, and we therefore strongly support their request.

Sincerely,

Shew ale May Rad Sheri DeShazo COO, CNE TIMOTHY E. CLONINGER, M.D. ROBERT W. FRASER, III, M.D., F.A.C.R. MARK KIRSCH, M.D., F.A.C.R. STEVEN R. PLUNKETT, M.D. MARK J. LIANG, M.D. JOHN B. KONEFAL, M.D. MICHAEL R. HAAKE, M.D. DONNA J. GIRARD, M.D. CATHY H. SEYMORE, M.D. L. SCOTT McGINNIS, III, M.D.



200 Queens Road, Suite 400 • Charlotte, N.C. 28204 Phone (704) 333-7376 • Fax (704) 333-7386 • www.treatcancer.com

CHARLES J. MEAKIN, III, M.D. BRADLEY T. McCALL, M.D. YVONNE MACK, M.D. THOMAS G. TRAUTMANN, M.D. SCOTT P. LANKFORD, M.D. BERNARD V. EDEN, M.D. ROBERT M. DOLINE, M.D. STUART H. BURRI, M.D. ARTHUR W. CHANEY, III, M.D.

Paul A. Williams, M.S.P.H. Administrator

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Medical Facilities

Planning Section

July 24, 2007

Dr. Dan A. Myers, Chairperson North Carolina State Health Coordinating Council Medical Facilities Planning Section Division of Facility Services 2714 Mail Service Center Raleigh, North Carolina 27699-2714

Dear Dr. Myers:

I am writing in support of the "Special Need" petition asking the state to allow four additional hospice inpatient beds in Cleveland County to be made available in 2008.

The State of North Carolina has determined that four additional inpatient hospice beds will be needed in Cleveland County in 2008. However, the Proposed 2008 State Medical Facilities Plan only authorizes construction when the need reaches six beds. I am requesting an allowance from the state to make the four beds available to Hospice and Palliative Care of Cleveland County in 2008 so that they can apply for a Certificate of Need during 2008 to obtain approval to build them.

Hospice and Palliative Care of Cleveland County has been offering outpatient hospice care in Cleveland County since 1985 and inpatient care since 1996. The inpatient facility was expanded to 5 inpatient beds and 9 residential beds in 2004 due to increased need and increased waiting time for bed availability. From January 2006 through June of 2007 there have been approximately six patients on the daily inpatient waiting list with nearly 100% occupancy of the five inpatient beds in 2007.

As a physician treating oncology patients in Cleveland County, I recognize the need for additional inpatient hospice beds and fully support the proposed petition. Hospice and Palliative Care of Cleveland County has provided an invaluable service to my patients and the community and the need for quality hospice care continues to increase. I appreciate the opportunity to write to you regarding the need for additional hospice inpatient beds in Cleveland County. I am certain that my patients, as well as others in Cleveland County, would benefit from this project.

Sincerely,

Helen R. Modduy, MD

Helen R. Maddux, M. D. Radiation Oncology/Southeast Radiation Oncology Group Cleveland Regional Medical Center



## Cleveland County HealthCare System

Carolinas HealthCare System

July 25, 2007

Hospice & Palliative Care Cleveland County 951 Wendover Heights Dr Shelby, NC 28150 DFS HEALTH PLANNING RECEIVED

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Medical Facilities
Planning Section

To Whom It May Concern:

I am asking you to take a few minutes of your time to review my letter as part of the petition for "Special Needs" from Hospice & Palliative Care Cleveland County.

Hospice & Palliative Care of Cleveland County has been offering end of life services to the Cleveland County since 1985 and also has provided hospice inpatients services and care since 1996 at Wendover, the Kathleen Dover Hamrick Hospice House. They currently have 5 inpatient beds and 9 residential beds. Hospice and Palliative Care expanded Wendover in 2004 due to their high occupancy levels, and that many potential patients were on a waiting list for Wendover at the time they died. Their current waiting list averages about 6 patients a day, more than enough to fill all 4 of the beds that the SMFP says will be needed for the year of 2008 in Cleveland County.

Through June 2007, they have turned away and been unable to serve some 32 patients at Wendover. They project by the end of the year 2007 this will reach at least 60 patients. In 2006, their waiting list averaged about six patients a day; and for the year ended up turning away 58 patients. Their censuses for the existing 5 inpatients beds has been running at or close to 100% occupancy for 2007, and exceed 97% for both 2006 and 2005. Currently Hospice & Palliative Care Cleveland County provides services to approximately 40% of all people who die in Cleveland County. And they serve all of their patients without regard to status, including financial. With this being said, it is should be clear that they have the demand to fill the beds identified in this plan.

Hospice and Palliative Care are well respected by area providers and the community at large. They are a partner in the Healthcare Enterprise, a unique collaboration which also includes Cleveland Regional Medical Center, Kings Mountain Hospital, Crawley Memorial Hospital, Cleveland Pines Nursing Home, Cleveland Home Health Agency and CLECO Primary Care Network. This group works together to assure patients needing the health services are seen at the appropriate place along with the continuum of care.

I would like to thank you for your time. If you have any questions you may call my office at 704-487-3751.

Sincerely,

Peter Fortkort, MD Regional Health Services



## Cleveland County HealthCare System

Carolinas HealthCare System

John Young, President/CEO Cleveland Regional Medical Center Kings Mountain Hospital

July 24, 2007

Dr. Dan A. Myers, Chairperson North Carolina State Health Coordinating Council Medical Facilities Planning Section Division of Facility Services 2714 Mail Service Center Raleigh, NC 27699-2714 DFS HEALTH PLANNING RECEIVED

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Medical Facilities Planning Section

Dear Dr. Myers:

It is with great pleasure that I write this letter in support of the pursuit of Hospice & Palliative Care Cleveland County to add four hospice inpatient beds in Cleveland County. Cleveland County Health Care System works closely with Hospice & Palliative Care Cleveland County and wholeheartedly supports their efforts to obtain additional inpatient beds in Cleveland County.

Hospice & Palliative Care Cleveland County has been offering their services in Cleveland County since the mid 1980s and inpatient services since 1996 at Wendover – The Kathleen Dover Hamrick Hospice House. This facility has five inpatient beds and nine residential beds, but still had to deny admission to 58 patients in 2006. Current census for the existing five inpatient beds has been running at or close to 100% occupancy for 2007 and exceeded 97% for both 2006 and 2005 so it is clear they have the demand to fill the beds identified in the plan. They provide services to approximately 40% of all people who die in Cleveland County. Area providers and the community at large highly respect the services they provide.

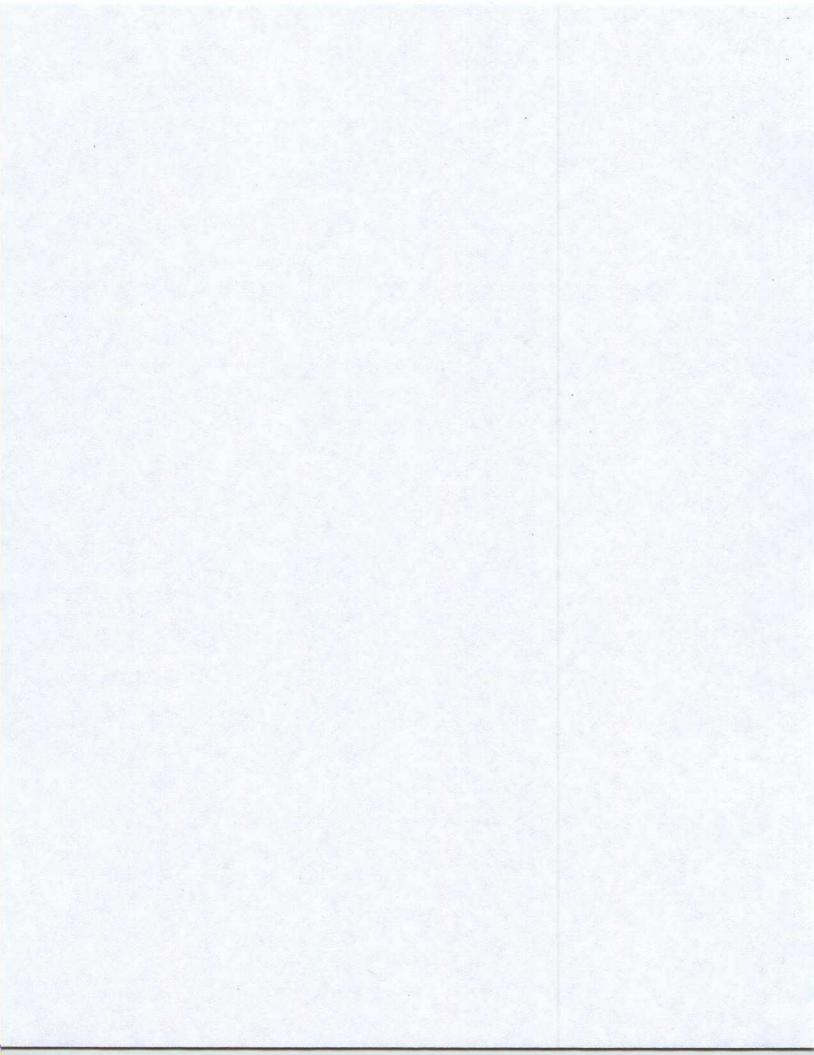
Hospice & Palliative Care Cleveland County is a partner in the HealthCare Enterprise, a unique collaboration which also includes Cleveland Regional Medical Center, Kings Mountain Hospital, Crawley Memorial Hospital, Cleveland Pines Nursing Center, Cleveland Home Health Agency and the CLECO Primary Care Network. This group works together to assure patients needing health services are seen at the appropriate place along the continuum of care.

With a Wendover waiting list averaging six patients a day, the addition of these inpatient beds will allow Hospice & Palliative Care Cleveland County to better serve patients in need. Therefore, I highly support their request to add four hospice inpatient beds in Cleveland County.

Sincerely,

John E. Young President and CEO

704-476-7402 - CRMC 704-730-5400 - KMH 704-476-7406 - Fax 201 East Grover Street • Shelby, NC 28150 john.young@carolinashealthcare.org





Shem K. Blackley, III, MD Michael Brame, MD Robert P. Gossett, MD

Providing Complete Urologic Care for Men, Women and Children

July 20, 2007

Dr. Dan A. Myers, Chairperson North Carolina State Health Coordinating Council Medical Facilities Planning Section Division of Facility Services 2714 Mail Service Center Raleigh, N.C. 27699-2714 DFS HEALTH PLANNING RECEIVED 4UG 0 1 2007

Medical Facilities
Planning Section

Dear Dr. Meyers:

Since 1982, I have been a practicing physician in Cleveland County, North Carolina and have served Hospice & Palliative Care Cleveland County in many capacities since its inception in 1985. Currently I serve as a board member and I am obviously very concerned about the future of this organization and its ability to provide this community with an appropriate level and quality of service. I am asking your support for a "Special Need" petition to allow us to go forward with a CON application for the 4 beds that the state of North Carolina has determined will be needed in this county in 2008.

Those of us who live in this community are aware of the commitment and positive impact this organization has made to Cleveland County and the surrounding area. Our citizens are also becoming increasingly aware of how difficult it is to obtain admission to our inpatient facility. We simply do not have enough beds (currently 14 beds -- 5 inpatient and 9 residential) as evidenced by our 100% occupancy and the fact that we have been required to turn away 58 patients last year and 32 patients so far this year. Some of these were my patients, and I have personally witnessed and shared the anguish experienced by these individual patients and their families.

As you are probably aware, our complete range of services are made available to all citizens regardless of their ability to pay. Perhaps this helps explain why so many who donate to our local United Way designate gifts to this organization. It is one of the big reasons I am proud to be a member of this community. I ask for your help to help us continue to meet the needs and expectations of our citizenry.

Thank you for your consideration. I have complete confidence in the ability of our Executive Director, Myra McGinnis to elaborate on these facts. I am of course available to address any specific questions you may have about the issues I have put forth. You can reach me through my office or if you prefer my cell phone number is 704 418-2892.

Respectfully,

Robert P. Gossett M.D.

cc: Myra McGinnis

# Cleveland Home Health Agency, Inc.



105 T.R. Harris Drive Shelby, North Carolina 28150

Telephone (704) 487-5225 Admin. Fax (704) 484-9101 Clinical Fax (704) 484-9164

DFS HEALTH PLANNING RECEIVED

AUG 0 1 2007

Medical Facilities Planning Section

July 20, 2007

Dr. Dan A. Myers, Chairperson North Carolina State Health Coordinating Council Medical Facilities Planning Section Division of Facility Services 2714 Mail Service Center Raleigh, NC 27699-2714

Dear Dr. Myers:

This letter is written in strong support for the Special Need Petition to the State of North Carolina for the Hospice and Palliative Care Cleveland County. As a nonprofit provider I can attest to the mission of Hospice & Palliative Care for providing services to Cleveland County patients without regard to financial or any other status. Hospice & Palliative Care Cleveland County has been offering end of life services since 1996 at Wendover. They expanded in 2004 due to high occupancy levels and the fact that many potential patients were on the waiting list at time of death. They had to turn away 58 patients in 2006 and since 2007 they have already had to turn away an additional 32 patients and it's only July. Hospice & Palliative Care currently provides services to approximately 40% of all people who die in Cleveland County. The consistent quality of healthcare that Wendover has provided to Cleveland County is also our mission. By approving this request for expansion they will be able to continue an excellent level of service in the community. Currently Hospice & Palliative Care is a partner is a unique collaboration with also includes Cleveland Home Health Agency, Cleveland Regional Medical Center, Kings Mountain Hospital, Crawley Memorial Hospital, Cleveland Pines Nursing Center, and CLECO Primary Care Network. We work together to assure patients needing health services are seen at the appropriate place along the continuum of care.

# Cleveland Home Health Agency, Inc.



105 T.R. Harris Drive Shelby, North Carolina 28150

Telephone (704) 487-5225 Admin. Fax (704) 484-9101 Clinical Fax (704) 484-9164

This proposal targets critical needs in our county: the nursing facility shortage, the need to facilitate patients and quality initiatives in our agencies. This proposal will allow a more than qualified facility who desires are to serve the community, the opportunity to attain appropriate reimbursement. Additionally, they will have the availability to provide services to hospice patients awaiting placement at their facility.

Again, I strongly support this Special Need Petition.
Sincerely,

**Pete Moore** 

C.E.O. Cleveland Home Health Agency

105 T.R. Harris Drive Shelby North Carolina 28150 704-484-4408 www.clevelandhomehealth.org



July 22, 2007

Dr. Dan A. Myers, Chairperson North Carolina State Health Coordinating Council Medical Facilities Planning Section, Division of Facility Services 2714 Mail Service Center, Raleigh, NC 27699-2714 DFS HEAlth Planning RECEIVED

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Medical Facilities Planning Section

Dear Dr. Myers:

I am writing you in support of the Special Needs Petition that Hospice and palliative Care Cleveland County is submitting regarding hospice inpatient bed needs for Cleveland County. Having worked in healthcare most of my adult life, I am very familiar with health planning efforts in North Carolina. In terms of health service need determinations, I have found that the State Health Plan and the State Facilities Medical Plan generally do a very good job of determining what is needed and where. And when the needs change, the plan changes, though, due to the nature of the planning process, this takes a bit of time.

Since coming to Cleveland County in 1983, I have been aware of Hospice as it began its services on an outpatient basis in the mid 1980's; I was privileged to serve on its initial Board of Directors. I later came back to serve on the Board, at a time when it was envisioning its inpatient and residential facility. Through my former role of Executive Vice president of the Cleveland County Health Care System, I was able to continue my affiliation with the organization through an unique collaborative effort called the Health Care Enterprise. In all of my roles of working for and with Hospice, I have found them to be a deeply caring, high quality and forward thinking organization.

As you know, the SMFP Draft for 2008 shows a hospice inpatient bed deficit for Cleveland County of four (4) beds; the county currently has five (5) inpatient and (9) residential beds, all of which are at Hospice and Palliative Care Cleveland County's "Wendover" facility. The facility began its inpatient operations in 1996 and was able to expand its bed capacity in 2004. The average census of these beds, particularly the inpatient beds, has always been strong and has been near or at 100% for the past three years.

I understand that normally, hospice inpatient beds are not made available for development until there is an identified need for six (6) new beds. In the case of new facilities, I think this makes perfect sense. But in this case, given that there are *only five* inpatient beds in Cleveland County today, and these only after an initial project and then an extension several years later, makes me believe that if four (4) beds will be needed in 2008, then it might make sense to consider making them available for development in 2008.

Here are some points I would argue for that consideration:

- The SMFP Draft notes a 2008 deficit of 4 inpatient beds,
- The census for Wendover for several years has been at or near 100%,

- An average census at this level means that some patients had to be denied treatment, a horrible situation for such an emotional service,
- Hospice and Palliative Care Cleveland County has been the only hospice provider in Cleveland County since 1985 and is exceptionally well recognized by the lay and clinical communities,
- The organization continues to grow and sees a very large percentage of patients who die
  in the county,
- The organization is well run, maintains high quality, is JCAHO accredited and has excellent finances for a not-for-profit organization
- In terms of rational health planning, it has proven that it can plan ahead for service needs and address them cost effectively, and finally,
- The organization has never turned away a patient for financial reasons; if beds have been available, patients and their loved ones have been welcomed.

I recognize that even if the committee agrees with the petition, there will still need to be a Certificate of Need application submitted. That, in turn means that the beds could not likely be put in service until late 2008 at the earliest. I wonder, given the high census that Wendover is seeing now, what might the bed need be a year from now?

And how many patients and their families in Cleveland County that need this wonderful service won't be able to get it?

Sometimes we forget that all the buildings, machines and services we deliberate about serve a common purpose....to care for human beings in their time of need.

Thank you for allowing me the opportunity to comment and voice my opinions.

Sincerely,

Mark Alan Hudson FACHE

President

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AUG 0 1 2007

## Comments of Jay Rhodes

Medical Facilities

Regarding Special Needs Petition of Hospice & Palliative Care Cleveland County SHCC Public Hearing on July 25, 2007

Thank you for allowing me a few moments to speak to you today regarding the request of Hospice & Palliative Care Cleveland County for a "special needs" petition regarding additional inpatient beds for the 2008 State Medical Facilities Plan. I hope you will forgive me if I incorrectly use or don't fully understand all of the terms you have to use in this process. I am a lay person and a volunteer so this is not my "home court."

I think that others who will speak to you today and many who have written letters of support for us may be more eloquent in their language. I would simply like to speak to you as someone who believes in the concept of hospice and especially in the organization whose board I am honored to chair. I came to the board of Hospice & Palliative Care Cleveland County in 1995 for a very personal reason; my father had been a patient there. I served for a number of years and then rotated off and then was asked to serve again. I have had the opportunity to serve on the Strategic Planning Committee, and was chair of the Finance Committee and have served as Board Chairman twice during my years of service.

I share this not to brag, though I am proud of being able to serve, but to convey to you that I know a lot about this organization, its mission, its caring and its success. Since I joined the board, the organization has grown tremendously and has been able to maintain its standards of quality and compassion while meeting its financial obligations. I can tell you this organization is highly respected by both the clinical community and the community at large; it receives substantial contributions each year from individuals and families touched by its mission.

As a Board, we are connected to the mission of the organization; each month at our meetings, a staff member shares a story about a patient and family who has been touched by our hospice. Often, these stories move many of us to tears, both for the sadness of loss but also because of the remarkable dedication of our staff and of the human spirit we often witness. We KNOW that we are doing good work.

It is therefore frustrating to those of us who do not work within the healthcare system to understand all the rules and regulations that must be adhered to. It sometimes seems like Pandora's Box to us; whenever we want to do something that makes sense to us and will help our community, there are unexpected and difficult challenges that appear. These sometimes, on the face, seem unfair or misguided to those of us not familiar with your world.

But I have also seen this system work and believe in playing by the rules. And I strongly believe that when a rule doesn't make sense given the facts at hand, it should be appropriately and respectfully challenged. And that is what we are doing today.

## As a lay person, this is what I know:

- We are the only hospice organization in Cleveland County,
- Our inpatient occupancy is at 100% and has been for some time now,
- The 2008 SMFP says our county will be short four inpatient beds in 2008 based upon utilization of our beds in the past,
- We have had to turn away patients and families in substantial numbers because beds are not available,
- If the beds were available for development in 2008, and if awarded them
  through a CON, we would be in a position to financially and economically
  add them AND MOST IMPORTANTLY, care for the people who need our
  services.

Given these "facts," it seems to be a reasonable request to ask that you carefully consider our request to make the four inpatient beds, which the State clearly thinks are needed, available for development in 2008.

In closing, I earlier made a reference to the mythological "Pandora's Box." I think it is interesting that the last thing to come out of that box was "hope." Our hope is that our information is compelling enough so that a "special need" is recognized for this very special type of care in our county.

Thank you very much for allowing me this time and for your attention.

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Comments of Becky Cook

Medical Facilities

Regarding Special Needs Petition of Hospice & Palliative Care Cleveland County

SHCC Public Hearing on July 25, 2007

My name is Becky Cook. I am a hospice patient/family volunteer; but my experience with Hospice & Palliative Care Cleveland County has also included three family members as patients. My mother-in-law, Mildred, was at Wendover for her last 48 hours. My husband, Ken, died at home with hospice care. Most recently, my daughter, Terrie, was a patient.

Terrie was born with problems and developed many others over time. Ken and I kept her at home until she was 38 years old. After Ken died, it became impossible for me to care for her at home so I had to place Terrie in a group home. For four years, this worked out well.

Eventually, her physical condition got so bad that we were asked to make plans to leave. After many prayers and many sleepless nights, a friend asked if I had read about Hospice adding new beds at their facility, Wendover.

I didn't want to believe that Terrie was actually hospice appropriate; however, I called the executive director, asked a few questions, and got the information I needed. At that time, Wendover had no beds available so Terrie was put on the waiting list.

A homecare team from hospice began seeing her at the group home. Through their care, experience, and observations, the team realized that Terrie's problems were much worse than the workers at the group home were telling me and helped me begin to face the reality that Terrie's health really was declining. Even though I was in denial about how bad Terrie was, if she was terminally ill, I knew her care at Wendover would be so much better than what she would receive in a nursing home. The patient/staff ratio – alone – would be so much better. My only hope was for a bed to become available soon.

On April 12<sup>th</sup>, 2004, Terrie was moved to Wendover. She was blind. She was unable to communicate in any way. She had no use of her arms, her hands, or her legs. She had no control over any bodily functions. Terrie was a new experience for most of the Wendover staff so I became their educator.

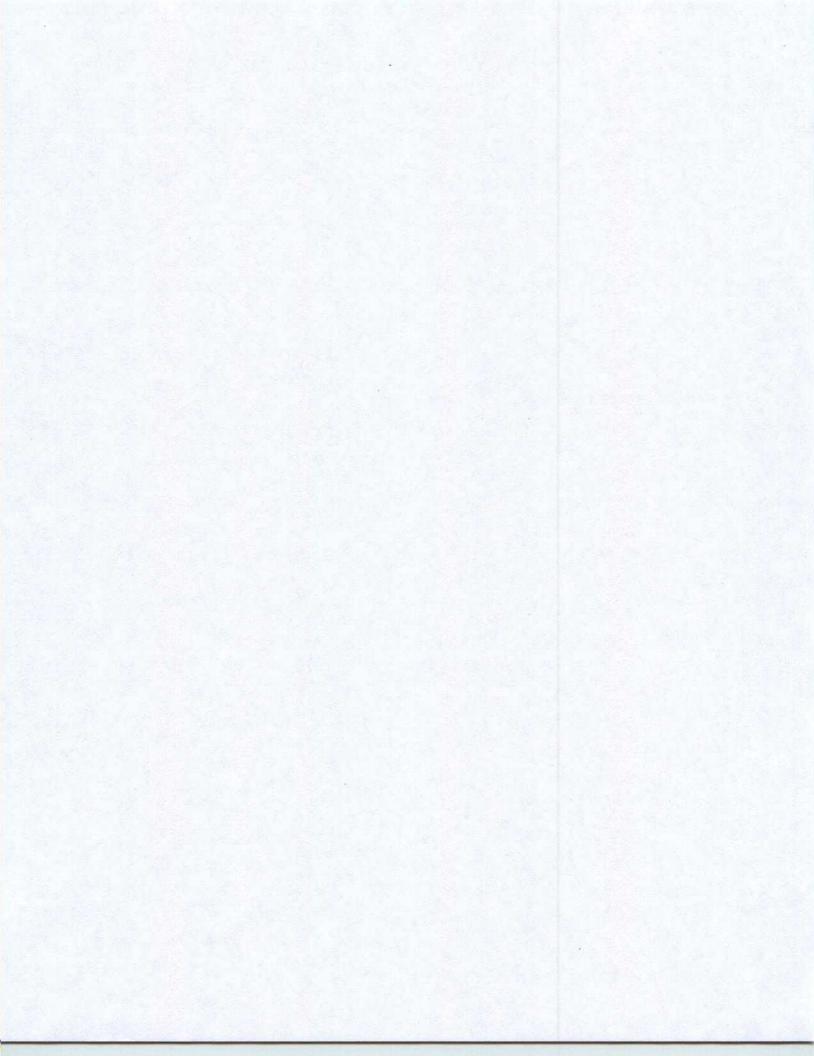
The entire staff – everyone involved – worked so hard to give her everything she needed to be comfortable. I was finally at peace knowing that she had hospice care 24 hours a day.

When the Wendover nurse told me that Terrie's days were numbered, I moved into Wendover with her. On June 15<sup>th</sup>, just two months and three days after Terrie moved into Wendover, she took her last breath, surrounded by loving, caring people.

Death isn't something any of us look forward to; however, it is a certainty for all of us. There is such a need for places like Wendover. Places where people can die with peace and dignity. Places where family members can be assured that their dying loved ones are getting excellent love and care.

Wendover always has a waiting list. I remember what it was like having Terrie's name on that waiting list. I pray for the patients and their family members who are waiting now . . .

Thank you.



AUG 0 1 2007

## Comments of Myra McGinnis

Medical Facilities

Regarding Special Needs Petition of Hospice & Palliative Care Clevelland Country

SHCC Public Hearing on July 25, 2007

Good afternoon. I am Myra McGinnis, Executive Director of Hospice & Palliative Care Cleveland County. I am here today on behalf of our petition for a special need adjustment of four additional hospice inpatient beds in Cleveland County, which appear in the Proposed 2008 State Medical Facilities Plan as a deficit of four beds in Cleveland County. Since 1996, Hospice & Palliative Care Cleveland County has operated Wendover—*The Kathleen Dover Hamrick Hospice House*, a combination facility currently with five inpatient beds and nine residential beds. The facility has been very successful, as evidenced by our occupancy rate for inpatient beds, which was 100 percent in 2005 and 99.9 percent in 2006. So far in 2007, our occupancy has averaged 100 percent.

Unfortunately, the success with which our facility has been incorporated into the community's health care system and the limited number of inpatient beds have combined to create demand that we cannot meet. Last year, we were forced to turn away 58 patients who needed to be admitted to our facility, but who were denied admission because no bed was available. On any given day, we have a waiting list averaging six or more patients who need admission to the inpatient facility, but

without more beds, we cannot provide services to these patients in the most appropriate setting. The result is that patients and families do not get the optimal care they need and often encounter unnecessary stress at the worst possible time.

The current standard hospice inpatient bed need methodology requires a minimum need of six beds before allocating beds to a single county. There is no provision, however, for an existing facility operating at near 100 percent occupancy to gain additional capacity. Presumably, under the current standard methodology, we would be required to wait until the deficit reaches six beds before we could expand our facility. Given the number of patients we are already turning away, we believe that alternative is not acceptable.

We are asking that you simply acknowledge what the standard need methodology indicates—that there is a need for four additional hospice inpatient beds in Cleveland County—and allocate these four beds to the State Medical Facilities Plan now. We believe this request is supported by circumstances that do not exist elsewhere in the state, which include:

- 1. A hospice inpatient facility already exists in Cleveland County;
- 2. The existing facility is consistently operating at 100 percent occupancy;

- 3. Local hospitals and physicians recognize and support our facility as the standard for end-of-life care in our community;
- 4. The lack of available beds has led to a waiting list and to patients being denied access to our specialized care.

We believe these factors give rise to the need for a special adjustment of the four additional hospice inpatient beds—which the current methodology shows are needed now in Cleveland County. This special adjustment will allow us to continue providing high quality hospice inpatient care to all in need.

Thank you for your consideration of our request.